



MICHIGAN OFFICE OF RETIREMENT SERVICES

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Preparing to Apply for Retirement Public School Employees

Use this checklist to help gather information needed for your retirement application.

Please note this is *not* your retirement application, it's a tool to help you prepare when applying.

1. Get Prepared

- ☐ If don't have a MILogin account, register at MILogin.michigan.gov.
- ☐ Use MILogin to access your miAccount. If you don't have one, you can register using your member ID.

2. Log in and complete the following:

- ☐ Update your beneficiaries and dependents.
- ☐ Run a pension estimate.
- ☐ Connect to a printer.

3. Gather Your Information and Make Your Choices

- ☐ **Termination Date** (your last day of work): _____
- ☐ **Pension payment option:** _____
- ☐ If you're choosing a survivor pension option, who will be your pension beneficiary? _____

Name	Birthdate	SSN
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- ☐ If you're selecting the equated plan, you must have an age 62 Social Security estimate available.
- ☐ If you're enrolling in retirement insurances, who do you plan to cover? List additional dependents on Page 2.

Name	Birthdate	SSN
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Name	Birthdate	SSN
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Which [insurance coverage/carrier\(s\)](#) do you plan to choose?

- ☐ Blue Cross Blue Shield of Michigan (BCBSM) *with* prescription coverage
- ☐ Blue Cross Blue Shield of Michigan (BCBSM) *without* prescription coverage
- ☐ HMO – prescription coverage is part of the plan
- ☐ Dental coverage
- ☐ Vision coverage

What day does your employer insurance coverage end? Last day: _____

Identify anyone who will be eligible for Medicare when your insurance coverage starts.

Name	Medicare Number	Part A Effective Date	Part B Effective Date
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Name	Medicare Number	Part A Effective Date	Part B Effective Date
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Federal and State Withholding. Determine your tax withholding status:

- | | |
|--|---|
| Federal: <input type="checkbox"/> No Withholding | Michigan: <input type="checkbox"/> No withholding |
| <input type="checkbox"/> Single or Married filing separately | <input type="checkbox"/> Single |
| <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse | <input type="checkbox"/> Married |
| <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | <input type="checkbox"/> Married, withhold at single rate |
| | Number of exemptions _____ |

Preparing to Apply for Retirement (continued)

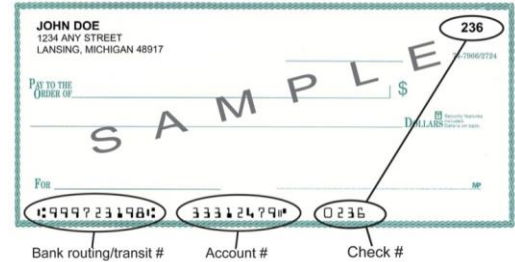
Direct Deposit.

Bank routing number

☐ Checking

Account number

☐ Savings



Insurances. Additional Dependents.

Name	Birthdate	SSN
Name	Birthdate	SSN
Name	Birthdate	SSN
Name	Birthdate	SSN
Name	Birthdate	SSN
Name	Birthdate	SSN
Name	Birthdate	SSN
Name	Birthdate	SSN

Additional dependents eligible for Medicare when your insurance coverage starts.

Name	Medicare Number	Part A Effective Date	Part B Effective Date
Name	Medicare Number	Part A Effective Date	Part B Effective Date
Name	Medicare Number	Part A Effective Date	Part B Effective Date
Name	Medicare Number	Part A Effective Date	Part B Effective Date
Name	Medicare Number	Part A Effective Date	Part B Effective Date
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